



## Membership Application

### Organization Information:

**Organization Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
*Street City State ZIP*

**Mailing Address:** \_\_\_\_\_  
*Street City State ZIP*

**Main Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

### Representative Information:

Please list at least one billing representative for your organization. You may add as many representatives to your organization listing as you would like; use additional sheets if needed. Representatives receive all Chamber communications by email.

**Contact Representative:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Preferred Prefix:** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Rep. ☐ Sen.

☐ Phone

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Contact Preference:** ☐ Email

**Representative Type:** ☐ Primary ☐ Billing ☐ Other

### Membership Information

**Billing Preference:** ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

**Invoicing Preference:** ☐ Email ☐ Paper Mail ☐ Both ☐ Automatic Renewal

Please see the reverse side to select a membership rate.

I understand that by signing this Membership Application, I agree to the terms of membership with the Riverton Chamber and Visitors Center,

**Authorized By (Print):** \_\_\_\_\_

**Authorized By (Signature):** \_\_\_\_\_



## Web Directory Information

Please select one of the following categories as your organization's **primary** category. Your primary category is the header your organization will be listed under on our web directory. This is a broad category selection and will be further refined with secondary categories within this primary category.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertising & Media                   | <input type="checkbox"/> Agriculture, Fishing & Forestry     | <input type="checkbox"/> Arts, Culture & Entertainment           |
| <input type="checkbox"/> Automotive & Marine                   | <input type="checkbox"/> Business & Professional Services    | <input type="checkbox"/> Computers & Telecommunications          |
| <input type="checkbox"/> Construction Equipment & Contractors  | <input type="checkbox"/> Construction, Repair & Improvement  | <input type="checkbox"/> Family, Community & Civic Organizations |
| <input type="checkbox"/> Finance & Insurance                   | <input type="checkbox"/> Government, Education & Individuals | <input type="checkbox"/> Health Care                             |
| <input type="checkbox"/> Home & Garden                         | <input type="checkbox"/> Legal                               | <input type="checkbox"/> Lodging & Travel                        |
| <input type="checkbox"/> Manufacturing, Production & Wholesale | <input type="checkbox"/> Museums                             | <input type="checkbox"/> Personal Services & Care                |
| <input type="checkbox"/> Pets & Veterinary                     | <input type="checkbox"/> Public Utilities & Environment      | <input type="checkbox"/> Real Estate, Moving & Storage           |
| <input type="checkbox"/> Religious Organizations               | <input type="checkbox"/> Restaurants, Food & Beverages       | <input type="checkbox"/> Shopping & Specialty Retail             |
| <input type="checkbox"/> Sports & Recreation                   | <input type="checkbox"/> Transportation                      | <input type="checkbox"/> Non-Profit Organization                 |

### Social Media Listings: *(Optional)*

 **Facebook:** \_\_\_\_\_

 **Twitter:** \_\_\_\_\_

 **YouTube:** \_\_\_\_\_

## Membership Level:

*Membership level rates are listed in the Membership Packet and Investment Dues Schedule.*

- |                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Copper    | <input type="checkbox"/> Gold       | <input type="checkbox"/> Supporter           |
| <input type="checkbox"/> Copper II | <input type="checkbox"/> Colleague  | (Supporter type):                            |
| <input type="checkbox"/> Bronze    | <input type="checkbox"/> Galvanizer | <input type="checkbox"/> Non-Profit          |
| <input type="checkbox"/> Silver    | <input type="checkbox"/> Wave Maker | <input type="checkbox"/> Sole Owner/Operator |
|                                    |                                     | <input type="checkbox"/> Individual Member   |
|                                    |                                     | <input type="checkbox"/> Municipality        |

*(For Staff Use Only)* Representative Name [print]: \_\_\_\_\_

Representative Signature: \_\_\_\_\_